

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25443

State File No. _____

Registration District No. 420

Primary Registration District No. 5633

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 655 days
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 2 minute 55 a.m.

21. I hereby certify that I attended the deceased from
Sept. 30, 1939, to July 15, 1941;
that I last saw her alive on July 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis Duration 2 1/2 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature _____ (M. D. or other) _____
Address _____ Date signed 7-16-41

3. (a) PRINT FULL NAME Hazel Dora Mallady

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jimmie Mallady 6. (c) Age of husband or wife if alive Not known years
7. Birth date of deceased March 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name George Wooten

13. Birthplace Red Oak Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Beulah May (?)

15. Birthplace Scott County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 7-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Geo B. Orr

(b) Address 2427 N. 1st St.

19. (a) 7-16-1941 (b) PA Holmes
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1941

RECEIVED

District Health Officer No. 6,

District File Number

841-1331

Date Filed

AUG

7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.